

FOR OFFICE USE ONLY

Receipt #

ID #

Issue Date

License #

**Rhode Island
Nursing Assistant Advisory Board**

Room 105
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

**License As A
Nursing Assistant**

- ☐ By Registration
- ☐ By Testing for Nursing Students
- ☐ By RN/LPN

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Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Licensure Requirements

All Applicants

- Recent passport type photograph.
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- A Full Bureau of Criminal Investigation (BCI) Check.

By Registration

- In addition to requirements listed under “**All Applicants**” (above):
(Processing Fee: \$25.00 Paid by Applicant)
(Total Test Fees: \$55.00 (\$35.00 Clinical, \$20.00 Written) - Paid by Applicant OR Employer)
- Total Amount Due: **\$80.00**
- Signature of Training Program Coordinator.

For Nursing Students

- In addition to requirements listed under “**All Applicants**” (above):
- Fee of **\$80.00**
- Official Transcript **OR** Signature (and Title) of the Dean of Nursing (or Designee).

BY RN/LPN

- In addition to requirements listed under “**All Applicants**” (above):
- Processing Fee: **\$25.00**
- Provide a copy of your **current** RN/LPN license.

Temporary Licenses

120-day Temporary License

- Issued for a period of 120 days only, with no extensions granted.

GENERAL INFORMATION (CONTINUED)

Rules and Regulations/Laws

The “Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants and the Approval of Nursing Assistant Training Programs (R23-17.9-NA)” can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2859.pdf

Chapter 23, Title 17.9 entitled “Registration of Nursing Assistants” can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title23/23-17.9/index.htm>

Per “Rules and Regulations for the Registration of Nursing Assistants (R23-17.9)” as of April 1, 1992, all Nursing Assistants must complete an approved Training Program and a state administered Competency Evaluation test (or equivalent examination) in order to be registered as a Nursing Assistant. No person may be employed as a Nursing Assistant in Rhode Island unless registered and licensed as a Nursing Assistant in Rhode Island. When eligible for licensure, a Nursing Assistant license card with an identifying number will be mailed to you. Your registration is valid for up to two years.

Competency Examination

The Program Coordinator will schedule your test after you successfully complete the Nursing Assistant Training program. This test may be at one of the state test sites or at the facility where you work. The cost of taking the test is \$55.00. If your employer or prospective employer conducts the Nursing Assistant Training Program, there is no charge to you for the Competency Evaluation. If you are in a school you must pay the fee for the test yourself. If you pay the fee, a receipt will be mailed to you by the Department of Health which you can present for reimbursement to a health care facility when you complete six (6) months of employment. This receipt will be good for one year from the date of issue. You must give this receipt to your employer in order to receive your refund.

You will be given three opportunities to successfully complete the Competency Evaluation. A fee will be charged for each test and retest at \$35.00 per clinical and \$20.00 per written. Retests will be conducted at the same site as the original test. Reminders - If you fail to give prior notice and do not arrive to take a scheduled test, it will count as a failed attempt. - You may be employed as a trainee for 120 days: first day of employment to registration/licensure. - You must complete testing process within one (1) year from the date of initial training; or, you must be retrained and complete a new application and pay all fees once again.

Renewals

A renewal notice will be mailed to you approximately sixty (60) days prior to the license expiration date. You must obtain the signature of an official in a **licensed health care facility** (i.e. nursing home) where you were employed as a Nursing Assistant within the 24 months prior to renewal. **If you document that you were working in a facility other than a licensed health care facility, you will not be eligible for renewal.** **YOUR REGISTRATION MUST BE ACTIVE DURING ANY EMPLOYMENT PERIOD VERIFIED BY YOUR EMPLOYER.**

In-Service

Your employer must provide you with 12 hours of in-service per year, which you will be required to attend.

Complaints and Disciplinary Procedures

Complaints related to unprofessional conduct are received by the Department of Health from other state agencies. If the complaint involves a Nursing Assistant, the matter is referred to the Nursing Assistant Advisory Board. This Board recommends disciplinary action, after careful review of the evidence, to the Director. The Department of Health may suspend or revoke any registration or may reprimand, censure or otherwise discipline any individual who has been found guilty of violations of the Regulations (R23-17.9-NA). All hearings and reviews as may be required are conducted in accordance with the provisions of R42-35PP, which govern administrative procedures. Actions resulting in suspension or revocation for acts of abuse, neglect or misappropriation of patient/resident property are additionally reported in the federal registry.

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Nursing Assistant Advisory Board (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 10) must be submitted for an application to be considered complete. **“APPLICATIONS BY NURSING STUDENTS”** are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted. The Training Program AND passing scores on the State written and practical examinations for **“APPLICATIONS BY REGISTRATION”** must be completed within 1 year from the first day of training.

Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months for processing your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The BOARD may be emailed an address change. The email address is located at the following web site:

http://www.health.ri.gov/hsr/professions/n_assist.htm

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/License.htm>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Be advised, you may be required to appear for an interview. NOTE: You may not practice in Rhode Island until you have received a license number.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

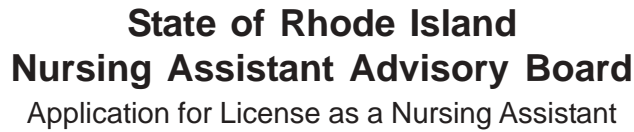
General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (6-9). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$80.00** payable to **General Treasurer, State of Rhode Island** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is **NONREFUNDABLE**.
3. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 10). Do not submit the application without all applicable information, documentation and fee(s). Mail these components of the application to:

**Rhode Island Department of Health
Nursing Assistant Advisory Board
Room 105, 3 Capitol Hill
Providence, RI 02908-5097**



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9. Original (and Other) State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state?

☐ Yes ☐ No

If the answer to this question is **“yes”**, list the license number(s) of the original state (and any other states) of licensure below:

Original Licensure

<input type="text"/>	<input type="text"/>	<input type="text"/>
State		License Number

Other State Licensure

<input type="text"/>	<input type="text"/>	<input type="text"/>
State		License Number

Other State Licensure

<input type="text"/>	<input type="text"/>	<input type="text"/>
State		License Number

Other State Licensure

<input type="text"/>	<input type="text"/>	<input type="text"/>
State		License Number

10. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

☐ Yes ☐ No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state?

☐ Yes ☐ No

Note: If you answer “Yes” to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper. If you answer “Yes” to any question you **must** attach originals, or certified copies of any court documentation to this application.

12. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Nursing Assistant in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Nursing Assistant Advisory Board of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

13. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process has been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 6-9).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 12, "**Affidavit of Applicant**", and have had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 13, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or proof of **lawful entry** status (if born outside the United States), and understand that submitted documents will not be returned.
- ☐ I have a **check or money order** (preferred), made payable (in U.S. funds only) to the "**RI General Treasurer**" in the amount of **\$80.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.
 - 1. Fee (attached as instructed).
 - 2. Board Application (including cover page) (pages 6-9)
 - 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Nursing Assistant Advisory Board.
- ☐ **Nursing Students Only** - I have selected a Test Site and will await receipt of the "Nursing Assistant Competency Evaluation" form prior to calling the Test Site to set a test date.

Other Documents

- ☐ I have requested an Official School Transcript, or have provided the Signature (and Title) of the Dean of the School of Nursing or Designee (Nursing Students); **OR**
- ☐ I have provided a Signature of the Training Program Coordinator (By Registration).
- ☐ **RN/LPN Applicants Only** - I have provided a copy of my current RN/LPN license as requested.

Additional Requirement

I have requested a full Bureau of Criminal Investigation (BCI) check as instructed.